

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

16. State name, age, relationship of anyone dependent on you for support.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Monthly expenses:

Housing	\$ _____
Food and household supplies	\$ _____
Clothing	\$ _____
Transportation	\$ _____
Medical and dental	\$ _____
Utilities (electricity, gas, water, phone)	\$ _____
Laundry and cleaning	\$ _____
Personal and grooming necessities	\$ _____
Education (school, lunch, books, etc.)	\$ _____
Insurance	
Car	\$ _____
Home	\$ _____
Health	\$ _____
Life	\$ _____
Miscellaneous	

Total	\$ _____

STATE OF LOUISIANA
 PARISH OF ST. CHARLES

BEFORE ME, the undersigned authority, personally came and appeared, _____, who, after being duly sworn, deposed and said that he/she is the person who furnished information in the above form; that he/she has signed the form; that the information herein is true and correct; that this information is furnished to the 29th Judicial District court for the purpose of determining the obligation of paying court costs; that he/she understands that it is a crime punishable by imprisonment to give a false answer intentionally to any of the above.

 SIGNATURE

SWORN TO AND SUBSCRIBED before me, Notary Public, at _____, Louisiana, this _____ day of _____, _____.

 NOTARY PUBLIC